

Lifetime Healthcare, Inc. d/b/a Excellus BlueCross BlueShield

Entity Name	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount Due	TTL Insurance Payments	Estimated Patient Copay, Deductible, Co- Insurance	# of Accts
Lifetime Healthcare, Inc. d/b/a Excellus BlueCross BlueShield	\$ 354,759.71	\$ 106,427.91	\$ 51,238.45	\$ 48,122.15	\$ 7,067.31	8

No R&C or U&C

Facility Name	Account Number	Patient Initials/Name	Service Date	Discharge Date	Entity Name - Legal	Total Insurance Payments	Group Number	Group Name	Policy Number	Payer Claim ID 1	Estimated Patient Copay, Deductible, Co-Insurance	Claim Billed Amount	Estimated Expected Reimbursement	Estimated Amount Due	OON Benefit Methodology	
Innova / Southcross		REDACTED			Lifetime Healthcare, Inc. d/b/a Excellus BlueCross BlueShield	\$ 5,786.36		462780277/W			\$ 930.96	\$ 46,548.23	\$ 13,964.47	\$ 7,247.14	Blank	
Mid-Cities					Lifetime Healthcare, Inc. d/b/a Excellus BlueCross BlueShield	\$ 9,182.94		HOUSATONIC PARTN			\$ -	\$ 62,383.82	\$ 18,715.15	\$ 9,532.21	Other	
Mid-Cities					Lifetime Healthcare, Inc. d/b/a Excellus BlueCross BlueShield	\$ 1,465.79		NY AIR BREAK			\$ 1,621.49	\$ 18,377.84	\$ 5,513.35	\$ 2,426.07	Other	
Innova / Southcross					Lifetime Healthcare, Inc. d/b/a Excellus BlueCross BlueShield	\$ 4,490.64					\$ 1,967.81	\$ 49,861.80	\$ 14,958.54	\$ 8,500.09	Other	
Innova / Southcross					Lifetime Healthcare, Inc. d/b/a Excellus BlueCross BlueShield	\$ 14,526.49					\$ 1,218.49	\$ 105,128.12	\$ 31,538.44	\$ 15,793.46	Other	
Innova / Southcross					Lifetime Healthcare, Inc. d/b/a Excellus BlueCross BlueShield	\$ 6,530.90		375042806/H			\$ -	\$ 32,036.49	\$ 9,610.95	\$ 3,080.05	Unknown	
Innova / Southcross					Lifetime Healthcare, Inc. d/b/a Excellus BlueCross BlueShield	\$ 2,855.77		461838937/H			\$ -	\$ 13,852.22	\$ 4,155.67	\$ 1,299.90	Unknown	
Beaumont						Lifetime Healthcare, Inc. d/b/a Excellus BlueCross BlueShield	\$ 3,283.26		DAIRYLEE OUTSIDE			\$ 1,328.56	\$ 26,571.19	\$ 7,971.36	\$ 3,359.54	